



STATE OF CONNECTICUT
 DEPARTMENT OF CONSUMER PROTECTION
 TRADE PRACTICES DIVISION
 Telephone: (860) 713-6100
 Website: www.ct.gov/dcp

For Official Use Only

APPLICATION FOR HYPNOTIST REGISTRATION

INSTRUCTIONS:

The individual applying for registration must complete this form. Exempt from this registration are individuals licensed by this State to perform medical, dental, nursing, counseling or other health care, substance abuse or mental health services. This application **must be accompanied by a check or money order for \$50.00**, made payable to: **"Treasurer, State of Connecticut"**.

Reference:
Public Act 06-187
Sections 44 & 45

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Applicant's Name (First Name, Middle Initial, Last Name)			
Residential Street Address	City or Town	State	Zip Code
Residence Telephone Number (with area code)	Driver's License Number (and State issued)	Social Security Number	
Business Name (if applicable)		Federal Employer ID (FEIN)	
Business Street Address	City or Town	State	Zip Code
Business Telephone Number (with area code)	Email Address	CT Sales Tax Registration Number	
List all states where you have conducted the practice of hypnotism during the previous five (5) years:			
List current or previous employer(s), together with their business address and telephone number (use additional sheets if required):			
Prior Criminal Activity			
Has the applicant ever been convicted of a felony crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please attach a statement providing the date(s) and conviction(s), the court(s) where the cases were decided and a description of the circumstances relating to each such conviction.			
Has the applicant ever been registered as a sexual offender pursuant to Chapter 969 of the Connecticut General Statutes or an equivalent statute in another state or jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No			

CERTIFICATION

I hereby swear or affirm that the answers and statements in the foregoing application are true and accurate to the best of my knowledge. I swear or affirm that my subsequent conviction of a felony, my subsequent registration as a sexual offender (C.G.S. Chapter 969) in any jurisdiction, my change of name, or my change of residence or business address shall be reported in writing to the Department within 30 days of said occurrence.

 Signature of Applicant

 Date

 Printed Name

Subscribed and sworn to before me this _____ day of _____ 20____

 Notary Public/Commissioner of the Superior Court/Justice of the Peace

 My Commission Expires

HYPNOTIST REGISTRATION **APPLICATION INSTRUCTIONS**

Under the provisions of Sections 44 and 45 of Public Act 06-187, no person shall act as a “hypnotist” unless the Department of Consumer Protection approves said person’s application for registration as a hypnotist.

EXEMPTIONS

This registration is not required for, and does not apply to, any person licensed in this state to provide medical, dental, nursing, counseling or other health care, substance abuse or mental health services. If you hold a license to perform any of these activities from the Connecticut Department of Public Health or another state agency, you are exempted from registering as a hypnotist.

DEFINITIONS

“Hypnotist” means any person who performs hypnosis, but does not include those individuals who hold a license issued by the Department of Public Health or other Connecticut state agency for the practice of the following services: medical, dental, nursing, counseling or other health care, substance abuse or mental health services.

“Hypnosis” means an artificially induced altered state of consciousness, characterized by heightened suggestibility and receptivity to direction.

IMPORTANT INFORMATION

1. A hypnotist registration is not transferable or assignable.
2. The registration fee of Fifty Dollars (\$50.00) must be submitted by check or money order made payable to *“Treasurer, State of Connecticut.”*
3. Any change of a registered hypnotist’s name, residence address, business address, or status as a registered sexual offender (pursuant to Connecticut General Statutes Chapter 969, or an equivalent statute in another jurisdiction) must be reported in writing to the Department within thirty (30) days of said change.
4. Failure to comply with the provisions of Sections 44 and 45 of Public Act 06-187 may result in the suspension or revocation of your hypnotist registration or the imposition of civil penalties.